N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

29592

1. PLACE OF DEATH

County ..... Registration District No. 791 4003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 8617

City St. Louis (No. City Hospital St. ..... Ward)

7012

2. FULL NAME Arthur Haegele

(a) Residence, No. 4012 No. Grand 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20 - 1890

7. AGE YEARS 41 MONTHS 5 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paperhanger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER
13. NAME Herman Haegele
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Anna Unknown
16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Hospital Information Grace Kopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Aug. 11, 1931

19. UNDERTAKER (ADDRESS) M. H. Marshall 604 Ucrow

20. FILED AUG 20 1931 19 Max C. Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 8th, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 21st 1931, to Aug - 8th, 1931
I last saw him alive on Aug. 8th 1931. Death is said to have occurred on the date stated above, at 6 30 m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary tuberculosis
23A

Other contributory causes of importance:

Tuberculous meningitis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin + Lab Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) C. Reichman, M. D.
(Address) City Hospital

Haegel